

## PROFESSIONAL REFERENCE

The person below has registered with Registry Network, Inc. and has listed you as a present/previous employer. We would appreciate your assistance in verifying employment and evaluating job performance. All information is CONFIDENTIAL. Fax back to **Northern CA** at 877-349-3129 and **Southern CA** at 877-896-0460.

## RELEASE OF INFORMATION (To be completed by Applicant)

Applicant:		FIRST				
LAST	 	FIRST	MI	MAIDEN		
Employer:	Position Held:					
Telephone Numb	er: Dates Employed: From/_ To/_					
	ig my employme	ent with them. I a	lso release Registr	form, and authorize all y Network, Inc. from all		
Applicant Signature			Date			
		RESPONSE				
	(To be	e completed by	Employer)			
1. Do the employme	ent dates above	correspond with y	our records?   Ye	ES 🗆 NO		
2. Is there anything  Secondary YES Secondary No.	0	•	·	hreat to patient safety?		
3. Would you rehire	this employee?	?   YES   NO	)			
PLEASE EVALUAT	E EACH OF T	HE FOLLOWING:				
EVALUATION	POOR	AVERAGE	GOOD	EXCELLENT		
Attendance						
Punctuality						
Dependability						
Quality of work						
Job knowledge/skills						
Judgment						
Accepts						
Supervision						
Appearance	_					
Attitude						
Name of Facility_		Prir	nt Name			
		Title		Date		
Telephone Verific				Date		
Revised 1/2015						



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		RESPONS	 E			
	(To be	e completed b				
<ol> <li>Do the employme</li> </ol>	ent dates above	correspond with	vour records? 🗆 `	YES   NO		
		•		threat to patient safety?		
2. Is there anything $\Box$ YES $\Box$ N(		at s work mistory t	nat would pose a	tilleat to patient safety:		
Comments:						
3. Would you rehire	this employee?	?   YES   N	0			
PLEASE EVALUATI	F FACH OF TI	HE FOLLOWING	·			
EVALUATION	POOR	AVERAGE		) EXCELLENT		
Attendance	1001	AVERAGE	3001	EXCELLINI		
Punctuality						
Dependability						
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ALLILUUE						
Name of Facility_		Pri	nt Name			
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Telephone Verific						
Revised 1/2015				. = <del>. • •</del>		